



Involuntary Termination Report

EMPLOYEE INFORMATION		
NAME (LAST): Woods	(FIRST): Amy	POSITION TITLE: Site Medical Director
CONTRACT: MSDOC		LOCATION/FACILITY: Marshall County Correctional Facility Holly Springs, MS
DIRECT SUPERVISOR: Dr. Clayton Ramsue	VPO/PM: April Meggs	HR BUSINESS PARTNER: Kristie Huff
HIRE DATE: 11/8/2016	TERMINATION DATE: 6/28/2019	LAST DAY WORKED: 6/25/2019
IS THE EMPLOYEE ELIGIBLE FOR REHIRE?: Yes - Employee is eligible for rehire		IS THE COMPANY GOING TO CONTEST UNEMPLOYMENT?: Yes - The company will contest unemployment

PERFORMANCE COUNSELING HISTORY		
WAS THERE A DOCUMENTED VERBAL WARNING: No - There was not a documented verbal warning		IF YES, PLEASE PROVIDE THE DATE:
DATES OF WRITTEN WARNINGS (IF APPLICABLE):		
FIRST WRITTEN DATE:	SECOND WRITTEN DATE:	FINAL WRITTEN DATE:
COMMENTS (HIGHLIGHT ANY PRIOR COUNSELING):		

REASON FOR TERMINATION	
SELECT THE REASON FOR TERMINATION: Facility or DOC Lock-Out	
IF YOU SELECTED OTHER OR HAVE ADDITIONAL REASONS FOR TERMINATION, PLEASE EXPLAIN:	
SUMMARY OF EVENT THAT PRECIPITATED TERMINATION (OUTLINE MOST RECENT EVENT OR BEHAVIOR): CID contacted April Meggs, VPO regarding lockout on Dr. Amy Woods. The accusation was Dr. Woods had spoken to outside representation on numbers and security at MTC. Dr. Woods indicated this statement to be false. The Warden met with Dr. Amy Woods, and H.S.A. Travis Day and informed her he did not feel comfortable with her coming/going out of the facility. The H.S.A. received correspondence from Warden her security clearance had been revoked.	

TERMINATION MEETING SUMMARY	
HOW WAS THE NOTICE OF TERMINATION COMMUNICATED TO THE EMPLOYEE: Phone Call	WAS AN EXIT PACKAGE PROVIDED TO THE EMPLOYEE?: Yes - An exit package was provided to the employee
WHO WAS PRESENT FOR THE TERMINATION MEETING?: Dr. Clayton Ramsue spoke with Dr. Amy Woods regarding termination.	



PROVIDE A SUMMARY OF THE TERMINATION MEETING:

HR REVIEW?

Yes - The termination was reviewed with HR

MANAGEMENT APPROVAL?

Yes - The termination was approved by management

ADDITIONAL COMMENTS

TO BE COMPLETED BY HUMAN RESOURCES

All appropriate documentation must be forwarded to Corporate HR. This report will be kept in the employee's personnel file and may be submitted to unemployment if requested.

NAME OF PERSON COMPLETING THIS REPORT:

Kristie Huff

DATE REPORT WAS COMPLETED:

7/2/2019

HR BUSINESS PARTNER SIGNATURE:

DATE:

Personnel Change Notice (PCN)Submit all PCNs to: HRInbox@mhm-services.com OR for LOA submit to: LeaveAdministrator@mhm-services.com

Deadline for submitting PCN: Tuesday 5:30 pm EST the week of "Payroll Open"

Employee Information			
Name: Woods, Amy		EE ID#: 213242	
PCN Effective Date:		6/28/2019	
<i>Effective date on all actions, except terminations, LOAs, and return to work, should be on the first day of pay period.</i>			
Title: Site Medical Director		Program: Mississippi DOC	
Facility: Marshall CCF		Supervisor: Travis Day	
Type: Full time	Hours/week: 40	Union Position: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Title/Job Change	
New Title:	
Select if the title is in the contract matrix:	
No - position is not in the matrix (contact Finance)	
Number of New Hours:	
New Position Number:	

Rate Change	
Select the reason for the rate change:	
Explanation (if other):	
Old Rate:	<input type="radio"/> Per Year <input type="radio"/> Per Hour
New Rate:	<input type="radio"/> Per Year <input type="radio"/> Per Hour
Budgeted Rate:	<input type="radio"/> Per Year <input type="radio"/> Per Hour

Status/Hours Change	
Select the employee's new status:	
New Hours per Week:	
Select if EE was FTE or PTE in last six months:	
Union Eligible (PDP or BSH employees):	<input type="radio"/> Yes <input type="radio"/> No
New Position Number:	

Leave of Absence	
Select if EE is starting or returning from LOA:	
Leave Start Date:	
Estimated RTW Date:	
Actual RTW Date:	
Select if leave is due to suspension:	
If suspension - with or without pay:	
Select if leave is due to Workers' Compensation:	

Program or Facility Transfer	
Facility <input type="radio"/>	Program <input type="radio"/>
New Location:	
New Supervisor:	
New Position Number:	

Termination Information	
Involuntary (attach explanation)	
Yes - EE eligible for rehire	
Last Day Worked:	6/25/2019

Preparation Information		
Remarks:		
Prepared by: Owens, Grace	Title:	Date: 6/28/2019
Approved by: Meggs, April	Title:	Date: 6/28/2019

HR Processing			
Received in HR Inbox:	6/28/2019	Processed Date:	7/1/2019
Revised by HR:		Reposted Date:	
		By:	Rohatgi, Shikha

Reset Form

Effective 11.9.16

MHMHP 000079

COMMENTS :

Share Admin at 6/28/2019 5:15:13 PM : LazyApproval by AMeggs@TeamCenturion.com Approve

April Meggs, BSN, CCHP, CC-NM

Vice President of Operations

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Owens, Grace at 6/28/2019 4:53:06 PM : Employee termination due to security lock out.